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Sweet, L., & Broadbent, J. (2017). Nursing students' perceptions of the qualities of a clinical facilitator that enhance learning. *Nurse Education in Practice*, 22, 30–36. <https://doi.org/10.1016/j.nepr.2016.11.007>,

which has been published in final form at

<https://doi.org/10.1016/j.nepr.2016.11.007>

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NURSING STUDENTS' PERCEPTIONS OF THE QUALITIES OF A CLINICAL FACILITATOR THAT ENHANCE LEARNING.

Highlights

- clinical educators are employed to support and enhance student learning, however their actions or inactions are powerful influences on student learning.
- nursing students perceive the facilitators' availability, approachability, and feedback as core qualities that influence learning in the clinical setting.
- there is a relational interdependence between the university and the clinical venue, and the facilitator and student, in achieving availability and feedback
- approachability is dependent on the interpersonal relationship between facilitator and student, and this also has relational interdependence with availability, and feedback

Abstract

There is a wealth of research investigating the role of the clinical facilitator and the student experience of clinical education. However, there is a paucity of recent research reviewing the students' perspectives of facilitators' qualities that influence their learning. This paper explores undergraduate nursing students' perceptions of the qualities of a clinical facilitator that enhanced their learning. The study was designed as a cross-sectional survey. A total of 452 third year nursing students at one Australian University were invited to participate. A total of 43 students completed the survey and were analysed; thus, the response rate was 9.7%. Results of the study indicate that nursing students perceive availability, approachability and feedback from the clinical facilitator to be highly influential to their learning in the clinical setting. The relational interdependence of these is discussed. Clinical facilitators have an important role in student learning. The findings of this study can be used in the development of clinical facilitator models, guidelines and in continuing education.

1 **Introduction**

2 Education for registered nurses in Australia transferred from hospital-based to
3 university-based programs more than thirty years ago. Since this transfer,
4 nursing education has adapted to encompass changes in healthcare needs,
5 government policies, and advances in technology, demography, educational
6 standards, pedagogies and ideologies. Furthermore, the number of nursing
7 students has increased over the past ten years to buffer the predicted nursing
8 shortage due to anticipated demands from an ageing population and a
9 greying nursing workforce (Courtney-Pratt et al., 2012).

10

11 Given the shift from the workplace to the university, a vital component of the
12 university-based curriculum is the clinical experience placement, which
13 enables nursing students to develop the required competencies for
14 occupational practice (Newton et al., 2009). During these clinical experience
15 placements, students are usually paired with a practicing registered nurse,
16 with their learning overseen and supported by a clinical facilitator. Clinical
17 facilitation in its varying forms is a contemporary model of support used in
18 nursing education both nationally (Andrews and Ford, 2013) and
19 internationally (Rowan and Barber, 2000).

20

21 The clinical facilitator role includes facilitating students' transfer of nursing
22 theory to practice, monitoring students' progress, defining and supporting
23 learning difficulties, as well as communicating and liaising with clinical staff
24 and faculty to provide student support. This role has various labels depending

upon the locality and educational institution; examples include “link tutor”, “nurse academic”, “principal academic”, “clinical educator” and “academic liaison person” (Andrews et al., 2006; Courtney-Pratt et al., 2012; Dickson et al., 2006; Dwyer and Reid-Searl, 2005; Henderson and Tyler, 2011; Mallik and Aylott, 2005).

The clinical facilitator role has become independent of the academic teaching role and the clinical provision of care (Kelly, 2007; Lambert and Glacken, 2005; Mallik and Aylott, 2005). Much of the clinical facilitator positions in Australia are sessional, contract-based employment (Andrews and Ford, 2013; Dickson et al., 2006; Mallik and Aylott, 2005). Given the uncertain nature of this type of work, as well as the wide variety of clinical placement settings and facilitator expertise, it is reasonable to expect varied outcomes of student support and learning. Additional consequences of clinical facilitation being undertaken by sessional workers may include lack of staff performance reviews, lack of follow up from student feedback, insufficient facilitator training and reduced opportunities for in-service education and role/career development opportunities (Tunny et al., 2010). The autonomous, isolated nature of the work may undermine the growth of a collaborative, supportive team of facilitators. All of which may lead to variable student experiences of facilitation and support from the clinical facilitators whilst on placement (Andrews and Ford, 2013).

47 **Background**

48 Whilst there has been a wealth of research investigating the role of the clinical
49 facilitator and the student experience of clinical education, there is a paucity of
50 recent research reviewing the students' perspectives of facilitators'
51 characteristics and behaviours on their learning. There is a small but
52 developing body of knowledge examining the qualities of clinical facilitators
53 that enhance learning. In the 1980s work was undertaken to develop a list of
54 qualities that a clinical teacher may have (see for examples Brown, 1981;
55 Mogan and Knox, 1987). The Nursing Clinical Teacher Effectiveness
56 Inventory (NCTEI) used a 48-item checklist (grouped into 5 categories –
57 teaching skills, nursing competence, interpersonal skills, evaluation skills and
58 personality) to identify students' perceptions of the characteristics of “best”
59 and “worst” clinical teachers (Mogan and Knox, 1987). In this early work,
60 nursing students identified “being a good role model” (under the category of
61 nursing competence) as the “best” teacher characteristic (Mogan and Knox,
62 1987). Twenty years later, Tang et al. (2005) rephrased and used four of
63 these categories (teaching ability, professional competence, interpersonal
64 relationship and personality characteristics) as the basis of a questionnaire to
65 examine students' perceptions of the effectiveness and ineffectiveness of
66 clinical facilitators. In this work, students identified that all four of these
67 categories were important, but they rated interpersonal relationships as the
68 most beneficial (Tang et al., 2005). Overall, the researchers concluded that
69 “teachers' attitudes toward students, rather than their professional abilities”,
70 were the crucial difference between effective and ineffective teachers (Tang et
71 al., 2005 p.187).

72

73 There are numerous references from a collective of Norwegian nurse scholars
74 of a translated version of an Australian Nursing Clinical Facilitators
75 Questionnaire (NCFQ), said to have been sourced from University of
76 Technology, Sydney (Espeland and Indrehus, 2003; Kristofferzon et al., 2013;
77 Löfmark et al., 2012; Råholm et al., 2010; Saarikoski et al., 2013). From this
78 body of work, it has been identified that the Norwegian nursing students
79 showed that supportive behaviour in clinical supervision was valued more
80 highly than challenging behaviour (Kristofferzon et al., 2013); clinical
81 facilitators were viewed as more important than preceptors to challenge
82 critical thinking, reflection and exchange of experiences between students
83 (Löfmark et al., 2012); and students were more satisfied when supervision
84 was related to the intended learning outcomes for the clinical practice
85 (Löfmark et al., 2012). Unfortunately, the NCQF was not published and is no
86 longer locatable on the internet.

87

88 As the clinical placement is a core component of undergraduate nurse
89 education, and the clinical facilitator role has changed substantially in the last
90 20 years, it is important to understand the ways in which clinical facilitators
91 enhance student learning. This paper reports on the results of an Australian
92 survey designed to answer the question: "What are nursing students'
93 perceptions of the qualities of an effective clinical facilitator that enhance their
94 learning?".

95 **Research Methods**

96 The aim of this study was to explore undergraduate nursing student
97 perceptions of the qualities of a clinical facilitator that enhanced their learning.
98 In particular, we sought student understandings of the qualities of an effective
99 clinical facilitator; the preparation and skills required for an effective clinical
100 facilitator; and ways in which the students believe their learning can be
101 enhanced by clinical facilitators. The study was a descriptive online survey
102 which sought both qualitative and quantitative information about the students'
103 experiences of different clinical facilitators, across their undergraduate nursing
104 degree program.

105 **Instrument design**

106 The survey tool was developed following a detailed literature review which
107 identified 19 common key qualities of an effective clinical facilitator (from the
108 works of Dwyer and Reid-Searl, 2005; Henderson and Tyler, 2011; Kelly,
109 2007; Kristofferzon et al., 2013; Lee et al., 2002; McAllister and Moyle, 2006;
110 Mogan and Knox, 1987; Tang et al., 2005). These 19 qualities are evident in
111 Table 2. Previous tools (such as the NCTEI and NCFQ) were not used due to
112 the change in role and responsibility of the clinical facilitator since their
113 development and tool accessibility, however their content did inform the
114 development of our survey tool.

115

116 Initial questions in the survey asked open text responses about what the
117 student understood the qualities or attributes of a good clinical facilitator to be,
118 and in particular those that have enhanced and inhibited their own learning.
119 No prompting was provided with regard to what these qualities might be for

these initial questions. Following this, a series of Likert scale questions were included where students were asked to rate independently the 19 identified qualities of a clinical facilitator that enhanced their learning (see Table 2). A Likert scale of 1 to 5 was used; where 1 was 'not at all important' to 5 which was 'extremely important'. Following the Likert scale questions which provided students with the 19 qualities identified from the literature, the participants were asked to select the single most important quality of a clinical facilitator that enhanced their own learning. Although similar to the initial question, it was deemed important to ask this question, as once being made aware of the list of 19 qualities it may have given participants additional concepts and the opportunity to reflect on their experiences from their initial responses. Further open text questions asked participants their perceptions of: the experience a facilitator should have to support learning; the preparation of a facilitator to support learning; and ways in which their learning experience could be enhanced by facilitators in future clinical placements. In total there were ten questions in the survey. The survey was piloted with two students for readability and interpretation.

Sample

The setting for this study was an Australian University providing a three-year Bachelor of Nursing degree. Approval to conduct this study was gained from the University Human Research Ethics Committee and the Dean of the School of Nursing and Midwifery. As we were exploring students' perceptions of different facilitators and the qualities that enhance their learning, we sought students that had likely experienced more than one clinical facilitator. Therefore, we used a convenience sample of all third year undergraduate

nursing students at one university in 2013. All 452 students enrolled at the beginning of the third year clinical placement block were invited to participate in the study.

Each student was sent an email to their university email account which outlined the purpose of the study, gave information about the risks and benefits of participation, and a URL to access the online survey. A reminder email was sent 4 weeks after the initial request. In order to maintain anonymity of the student population, researchers were required to recruit through a third-party person and not have access to the individual student information. No identifying information was sought from participants.

Data Analysis

The data was collected anonymously using the online platform SurveyMonkey® and downloaded for analysis. The data was analysed with a combination of descriptive statistics such as frequency and mean (for the quantitative data using Excel), and descriptive content analysis (for the qualitative data). The qualitative open text responses were read and descriptively coded independently by the two researchers following the approach described by Saldana (2013), Coding of this data was then compared and contrasted until agreement consensus was achieved, and where then grouped into primary categories. The Likert scale responses were analysed descriptively using the mean score of all respondents and presented in rank order of perceived importance to the participants.

Results

From the 452 invited students, 43 completed surveys were received giving a response rate of 9.5%. While all students had experienced facilitation, the majority of participants had been supervised by four or more different facilitators across their course of study (n= 27, 63%). The low response rate will be addressed further in the limitations section.

Pre Likert ranking questions

Participants of this study, were first asked about the qualities and attributes of a clinical facilitator that enhanced and then those that inhibited their learning. Students were able to identify as many qualities or attributes as came to mind, hence the number of responses exceeded the participant numbers. Collectively they provided 146 item responses which related to 26 enhancing qualities, and 78 item responses related to 27 inhibiting qualities (see Table 1). It is evident from this analysis that there are three core attribute categories that are most influential, these include: 'availability and the provision of support and guidance', 'approachability and disposition', and 'providing feedback'. The labels given to the three core qualities was purposefully neutral, as depending on how they are enacted, they can inhibit or enhance student's perceptions of their learning. As shown in Table 1, some qualities were evident as both enhancers and inhibitors, whilst others were unique as an enhancer or inhibitor.

As a category, 'availability and the provision of support and guidance' encompassed both structural and individual aspects for enactment. Structurally, *availability* depended on the employment model and time

193 allocation per student, whilst on an individual level it related to the time an
194 individual facilitator afforded individual students and how that time was spent.
195 An example of how *availability* was portrayed as an enhancer in the student
196 responses was:

197 *Those that spend time with us have the most effect on our*
198 *outcome. Some do not spend a lot of time with us. (Participant 6)*

199 An example of how *availability* was portrayed as an inhibitor in the student
200 responses was:

201 *In 1st year, 1st semester [the facilitator] did not contact me or see*
202 *me until my last day on placement to ask how I was going, I had no*
203 *idea how to contact her and when she did see me, she said sorry*
204 *she hadn't seen me, and that it didn't matter too much because I*
205 *was only a 1st year (Participant 41)*

206

207 The category '*approachability and disposition*' is related solely to the
208 individual facilitators' behaviour. The types of behaviours students raised in
209 this category related to the manner and interpersonal skills demonstrated by
210 the facilitator and its impact on their relationship with the students. Some
211 examples of how *approachability* was portrayed as an enhancer in the student
212 responses was:

213 *Friendly, kind, understanding, approachable and supportive*
214 *(participant 10)*

215 *Facilitators that are approachable, supportive and enthusiastic in*
216 *their role provide opportunity for learning within the clinical*
217 *environment by providing opportunity for open discussion,*
218 *reflection and analysis of experiences. I have found that I have*
219 *learnt a great deal more on a placement with a facilitator that*
220 *provides this support compared to one that only aims to test*
221 *student knowledge at each encounter (participant 33)*

222 Two examples of how **approachability** was described as an inhibitor in the
223 student responses were:

224 *Having inapproachable manner & unclear expectations of students*
225 *(Participant 5)*

226 *A negative attitude which can make students feel useless for not*
227 *knowing information that they had never encountered before. Not*
228 *answering or appearing disinterested when being asked questions*
229 *(participant 11)*

230

231 The category '**providing feedback**' is related to the individual facilitators' ability
232 to provide effective feedback for learning. Students equated any form of
233 performance judgement with feedback, and valued feedback that enabled
234 them to learn. Some examples of how feedback was portrayed as an
235 enhancer in the student responses was:

236 *I have learnt the most when my facilitators question my knowledge*
237 *and encourage me to think outside of what I already know. I think*

238 *that the best facilitators don't give you an answer to a question if*
239 *you don't know but rather they prompt you or ask the question in a*
240 *different way so you can arrive at the answer yourself. ... Another*
241 *major thing is receiving feedback, both positive feedback as well as*
242 *constructive criticism. (Participant 27)*

243 An example of how feedback was described as an inhibitor in the student
244 responses was:

245 *I have also had facilitators that haven't provided any feedback*
246 *other than 'I haven't had any complaints'. I think feedback is a*
247 *crucial element of clinical development. (participant 27)*

248 *One who does not even make a positive comment on my progress*
249 *at placement (participant 40)*

250

251 Of the 19 qualities of a clinical facilitator consistent with the published
252 literature, the participants had collectively identified 18 of the 19 items. The
253 one quality not recognised by any participant was the development of 'self-
254 evaluation skills'.

255 **Likert scale questions**

256 All respondents completed the Likert questions related to the 19 common
257 qualities of a clinical facilitator identified from the published literature. The
258 mean rating for each of the 19 qualities was calculated and the items ranked
259 from most to least valued. These are shown in Table 2.

Post Likert ranking questions

When asked about the single most important quality of a clinical facilitator, there were 43 responses related to 19 qualities. The identified qualities were group as those being related to: an individual's disposition; those relating to individual preparation for the role and direct examples of role performance; and those that related to process including organisational structure or constraints (see Table 3).

Open text responses

A number of respondents took the opportunity to describe the differences they experienced in the way individual clinical facilitators performed the clinical facilitator role. A commonality in these responses was the uniqueness in approach and style of facilitation amongst different individuals. As the following students allude, despite their differences they valued the facilitators that spent time with them to extend their learning.

My clinical facilitators have all worked using their own styles, and yet I have found all 3 very effective and felt I have learnt so much. I have always felt they were available when I needed them and felt that although they pushed me to work further than I thought I had the ability to, I never felt unsafe. My knowledge was continuously challenged and expanded upon which I found daunting and exciting at the same time. (Participant 11)

I have noticed that there are evident inconsistencies between facilitators. Some really push you to do better and develop where

283 *as others are more laid back and although this is easier you don't*
284 *develop as much (Participant 27)*

285 Four respondents spoke of being “lucky” with their facilitator allocations.

286 *I just like to say I was lucky to get very nice, approachable*
287 *facilitators during my placements. Always encouraged me to get*
288 *more knowledge and learn new skills. (Participant 13)*

289 *I feel that I have been lucky in the facilitators that I have had,*
290 *because I am not sure how I would have coped if I did not get*
291 *support and encouragement. Which I know fellow students have*
292 *had problems in this area. (Participant 22)*

293 This sense of good fortune, highlights that not all students were satisfied with
294 the facilitation they have experienced, and therefore good facilitation is not
295 guaranteed.

296

297 When asked about the experiences a clinical facilitator ‘should’ have to
298 undertake the role, there were 84 items grouped into 25 qualities or skills, of
299 which 61% related to recent clinical practice, preferably in the specific service
300 site the student will be placed. Additionally, students felt that clinical
301 facilitators needed to be better prepared with knowledge of the student’s
302 curriculum and therefore aligned expectations of students, insight and recent
303 experience in the specific service site and good organisational skills to
304 optimise learning opportunities. The following response explains:

305 *They should have worked in that department or ward to know the*
306 *challenges that a student could face, this will enable them to*
307 *understand what a student is maybe struggling with. I believe that*
308 *they should have regular contact with the university and know*
309 *what is expected for a student to achieve, for the university while*
310 *on placement. They should be approachable and have good*
311 *communications skills and be supportive, and be a good advocate*
312 *for student with other nurses. (Participant 22)*

313

314 With regard to specific ways in which student learning can be enhanced in the
315 future by clinical facilitators, there were 50 responses describing 23 qualities.
316 The most frequently sighted were more time to be spent with students, to
317 support and guide learning (36%), and providing feedback (12%).
318 Approachability, communication and disposition were also frequently
319 mentioned (28% collectively).

320 *More time spent with facilitators. When facilitators have lots of*
321 *students it makes it hard for them to spend extra time with them to*
322 *allow them to get the full learning experience. More time allows for*
323 *better explanations and students are able to better understand*
324 *many of the clinical roles that we will be expected to know.*
325 *(Participant 32)*

Discussion

This study aimed to describe undergraduate nursing students' perceptions of the qualities of a clinical facilitator that enhance their learning. Our study differs from the prior works which aimed to investigate and describe characteristics of 'best' and 'worst' clinical educators (Lee et al., 2002; Mogan and Knox, 1987; Tang et al., 2005). These studies used a pre-defined item checklist to explore perceived characteristics of clinical facilitators. We were focused on the student perspective of facilitator qualities that enhance their own learning, as opposed to general characteristics of a good and bad clinical facilitator. Whilst our study took a slightly different focus and approach, it did result in mostly similar findings. In this study participants consistently described three main clinical facilitator qualities that influenced their learning: facilitator availability and time spent with students, approachability and disposition; and providing feedback. These qualities were evident as both enhancers and inhibitors of learning, depending on the way in which they were enacted.

These findings highlight the relational interdependence between the individual facilitator's qualities and performance, organisational structures (university and health services) with the students' experience of learning support.

Relational interdependence is the mutual reliance between two or more groups. In the context of clinical facilitation there is a relational interdependence between the facilitator, the university and the student. For example, the capacity of an individual facilitator to have time to spend with students is interdependent between the contract made with the organisations,

the facilitator's enactment of those expectations, and the students willingness to engage in the support offered.

Availability

Facilitator availability and time spent supporting students were major attributes that enhanced learning for the participants. The presence and engagement of the clinical facilitator in the student's learning was an enhancer, whilst poor availability and/or lack of engagement was an inhibitor to student learning. The availability of clinical facilitators is a multidimensional attribute, related to the individual's employment contract, the clinical venues' affordance of access, and the individuals' motivation and engagement with the role (Andrews et al., 2006). Henderson and Tyler (2011 p291) have shown that learning is maximised when the facilitator is flexible with their availability for when 'teachable moments' arise. Clinical facilitators are often supervising small groups of students, with 1:8 being a common ratio (Mallik and Aylott, 2005). This means they have to manage their own time to meet the needs and expectations of all of the students, each with their own individual needs. In Australia, clinical facilitators are expected to have regular contact with students, however there is little research evidence on whether this is achieved (examples include Courtney-Pratt et al., 2012; Henderson and Tyler, 2011; Sanderson and Lea, 2012). However, a large study across nine countries in Europe (N=1903) showed that many students did not even meet their clinical teacher during placement (n= 246, 13%), and many had only 1-2 contacts during placement (n=664, 35%) (Saarikoski et al., 2013). Our results add evidence that there continues to be some episodes of inadequate contact.

376
377 When considering availability of the clinical facilitator to provide support and
378 guidance, previous research has focused on the terms 'support' or
379 'supervision' which imply availability (Courtney-Pratt et al., 2012; Espeland
380 and Indrehus, 2003; Kristofferzon et al., 2013; Löfmark et al., 2012; Mallik and
381 Aylott, 2005; Rowan and Barber, 2000). Providing support for learning through
382 face to face contact is highly valued by students (Courtney-Pratt et al., 2012;
383 Espeland and Indrehus, 2003; Kelly, 2007; Löfmark et al., 2012).

384
385 Given the shifting role of the facilitator from a clinical skilled practitioner to a
386 liaison person working between educational and health care organisations
387 (Saarikoski et al., 2013), it is not surprising that availability has become an
388 issue for students. With clinical facilitators working with students on a 1:8 ratio
389 (approximately), the effectiveness of learning is dependent on the individual
390 skills of the facilitator, the daily context of care (Mallik and Aylott, 2005) and
391 the reciprocal engagement with individual students (Billett and Sweet, 2015).
392 Nursing student participants in Kelly's (2007) study recommended a ratio of
393 1:6 would improve their learning with little effect on current ratio levels, but
394 this has not eventuated due to the cost implications.

395

396 **Approachability**

397 The second major quality to enhance learning consistently identified was the
398 approachability and disposition of the clinical facilitator. A facilitator who is
399 approachable and respectful is enhancing for learning, whilst a facilitator who
400 is unapproachable or disrespectful is inhibiting for learning. Approachability

and respectfulness are components of interpersonal skills, and these findings concur with the findings of Tang et al. (2005), Lee et al. (2002), and Mogan and Knox (1987). Whilst students in Tang et al's (2005) study rated highly all four constructs under study, interpersonal relationship was rated as the most beneficial. Billet and Sweet (2015) describes these as invitational qualities and show how depending on how they are perceived by students, will influence how students elect to engage in future activities. There is a relational interdependence between facilitator and student related to interpersonal skills and communication.

Effective interpersonal skills are attributes espoused in all nurses; however, their enactment varies across individuals and across organisational cultures. It is commonly understood that interpersonal skills between a teacher and learner affect learning (Hand, 2006; Levett-Jones et al., 2007).

Approachability and respect are qualities of a clinical facilitator embedded in Levett-Jones et al's (2007) concept of belongingness in clinical placement. They argue that clinical facilitator's should actively work towards a student's sense of belongingness to positively influence learning.

Feedback

The third most prevalent attribute to enhance student learning reported in this study was the provision of feedback. Facilitators who were able and willing to give effective feedback that supported learning were highly valued, whereas those facilitators who were critical or not objective in their feedback, or just did not give feedback inhibited learning. Feedback was highly ranked as

important in previous research (Kelly, 2007; Kristofferzon et al., 2013; Tang et al., 2005).

Feedback is a well know component of teaching and learning that can enhance and motivate a learner, or conversely intimidate and demotivate them depending on how it is given and received (Boud, 2015). Being able to deliver effective feedback is a learned skill, and the universities have a responsibility to ensure clinical facilitators are equipped with the knowledge and skills to provide effective feedback to enhance student learning (Andrews and Ford, 2013) and promote self-regulation (Boud, 2015). Previous research has also shown that whilst an individual may feel they have 'given feedback' it may not be perceived as that by the learner (Ramani and Krackov, 2012). Ideally feedback should be based on observations of performance (Ramani and Krackov, 2012), and therefore it would be difficult to be effective if the facilitator does not spent time with students observing their performance. There is a relational interdependence in the provision of feedback, as despite whether the facilitator has the skills to provide feedback, the affordances of time, access to observe students and students' engagement in the process will all influence whether feedback occurs.

Limitations

This study has some methodological limitations that need to be taken into account when interpreting the results. The primary limitation of this study is the low response rate to the survey. We achieved a response rate of only 9.5% despite a reminder email, however rates of 5-12% are common in web based surveys (Porter and Whitcomb, 2007). Following closure of the survey,

some students reported finding the questionnaire in their spam email. This may have had some impact on the response rate. Additionally, recruitment could have been improved if it co-occurred with more routine communication. Furthermore, this survey provides useful but somewhat superficial data based on student perception. The tool to gather data is not a validated tool, however was developed from published literature based on known qualities of clinical facilitators that enhanced learning. Further work of this nature would require validation of the tool for more robust research.

Conclusions

Learning occurs all of the time, and whilst learning can be influenced by the presence and actions of others, it is not restricted to the actions of others (Billett, 2016). In saying this, it is evident that the actions (or inactions) of the clinical facilitator does influence student learning. This study has shown the importance of clinical facilitator availability, their approachability and their capacity to provide effective feedback for learning. In order to improve these aspects for student learning, both the system (employment conditions) and the individual performance needs consideration.

The findings of this study can be used in the development of clinical facilitator models, guidelines and in continuing education. The findings highlight the importance of the relational interdependence between the facilitator, the student and the organisations (university and health services) in enhancing learning, and how any one component can positively or negatively influence learning. Clinical facilitators need to have adequate skills in their personal

474 time management, interest in educational support, friendly and respectful
475 disposition, be afforded sufficient time and access to the clinical services sites
476 to perform the role, and the ability to give effective feedback for learning.
477 Further research should focus on ways to improve student learning in the
478 workplace through clinical facilitation.
479

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Table 1: Initial responses to the qualities and attributes of a clinical facilitator that enhanced their learning

Core Attribute	26 Enhancing Qualities	27 Inhibiting Qualities
Availability and the provision of support and guidance	<ul style="list-style-type: none"> Guiding learning Support Time with students Challenging knowledge Clinical knowledge Availability Clinical experience Creating opportunities Advocate Integrate knowledge and skills Scaffolding learning Preparation 	<ul style="list-style-type: none"> Little time with students Availability Type of support Lack of support Not guiding learning Not creating opportunities Disinterest Interrupting Lack of guidance Not challenging knowledge Poor clinical knowledge Self-directed learning No advocacy
approachability, and disposition	<ul style="list-style-type: none"> Approachability Empathetic/Kind/Respectful Communication Enthusiastic Passion Confidence Role modelling Relationship building Flexibility 	<ul style="list-style-type: none"> Poor attitude Authoritarian – harsh treatment Lack empathy Unapproachable No relationship building Poor communication Impatient Low confidence No passion for teaching
Providing feedback.	<ul style="list-style-type: none"> Feedback Expectations Encouragement Reflection on practice Objective in assessment 	<ul style="list-style-type: none"> Feedback Expectations Judgemental Assessment Knowledge

Table 2: Rank score of the qualities of an effective clinical facilitator

Rank order	Facilitator Quality	Mean score (n=43)
1	Approachability	4.67
2	Ability to help students link nursing theory to practice	4.64
3	Ability to give students appropriate feedback	4.64
4	Ability to help students apply their nursing knowledge and skills	4.64
5	Ability to help students develop clinical reasoning skills	4.6
6	Motivational skills	4.53
7	Communication skills	4.53
8	Enthusiasm for student learning	4.53
9	Availability to students	4.51
10	Demonstration of clinical expertise and professional role modelling	4.49
11	Ability to provide an optimal learning environment for students	4.49
12	Ability to be a student advocate	4.49
13	Problem-solving skills	4.44
14	Rapport with students	4.44
15	Negotiation skills to optimise learning opportunities on behalf of students	4.40
16	Ability to help students develop self-evaluation skills	4.40
17	Rapport with clinical service coordinator and members of the healthcare team	4.30
18	Organisational skills	4.07
19	Rapport with the topic coordinator	3.95

Table 3: The single most important quality of a clinical facilitator (n=43)

Core Attribute	Qualities
an individual's disposition	Approachability Motivational for learning Encouragement and Enthusiasm Communication Empathetic/kind/respectful Rapport Attitude
An individual's preparation for the role; and direct examples of role performance	Feedback Preparation Organizational skills Expectations of students Problem solving skills Integration of knowledge and skills
Those that relate to process including organisational structure or constraints	Time spent with students Availability Advocate Guide learning Support Positive learning environment